

2015

ISAS Provider Reference Guide

Exceptions, Billing, and Adjustments

Agency and Independent Provider Administrators

Note: Accurate as of April 20, 2015. Future guidance will supersede instructions.



Table of Contents

1. ISAS Background Information	
2. Getting Started with ISAS	
2.1.Registering for ISAS	2
2.2.Clocking In and Out	2
2.3.Reviewing Your Clock In and Out Times	2
2.4.Guide to the ISAS Call-In System	3
2.5.One Time Passcode (OTP) Device	4
2.6.Accessing ISAS Online	5
3. Provider Population Using ISAS	
3.1.Who Uses ISAS	7
3.2.When to Start Using ISAS	7
3.3.What Authorizes Providers to Bill through ISAS	8
3.4.Services Billed through ISAS	9
4. Workweek and Billing Cycle Information	
4.1.DHMH Authorizes Claims Based on POS Hours	11
4.2.DHMH Workweek	11
4.3.Agency Provider Billing Information	11
4.4.Independent Provider Billing Information	13
4.5.Billing Procedure Codes	16
4.6.Caregiver Record Policy for Providers	17
5. Service and Claim Submission	
5.1.Services	19
5.2.Claims	19
5.3.Procedures to Follow for Recording Shift Times	20
6. Exceptions (Pending Services)	
6.1.What is an Exception?	21
6.2.Exception Types and Estimated Resolution Time	22
6.3.How to View Exceptions	24
6.4.Resolving Missing Times	25
6.5Entering in Missing Time Requests	26
6.6.How to Enter Full Shifts through the Enter Calls Page	27
6.7.How to Enter Partial Shifts through the Exceptions Page	29
6.8.Error Messages	32
6.9.Discarding Missing Clock Ins or Outs	33
6.10.Review Missing Time Requests Submitted to DHMH	34
6.11.Review Missing Time Requests Rejected by DHMH	35
6.12.Review Missing Time Requests Approved by DHMH	36
6.13.Missing Time Request LIMIT	37

6.14.Missing Time Request Due Date	38
7. Claim Adjustments	
7.1.Submitting Claim Adjustments	39
8. Emergency Backup Care	
8.1.Adjusting Paid Claims Due to Authorized Emergency Backup Care	45
8.2.Adjusting Rejected Claims Due to Authorized Emergency Backup Care	46
9. Reports: Viewing Services and Claims in ISAS	
9.1.Services Rendered Report	47
9.2.Claims Reports	48
10. Additional Information for Providers	
10.1.Split Shifts	50
11. ISAS Resources and Contacts	
When to Access Ltsstraining.org	51
When to Contact the ISAS Help Desk	51
When to Contact PPL (Independent Providers ONLY)	51
When to Contact DHMH	51

Change Log

This iteration of the ISAS Provider Reference Guide was reordered to make the presentation of information clearer for providers. We recommend paying close attention to the Table of Contents. Below is a list of the major changes and additions made to the Guide.

Page(s)	Section
4	Section 2.5 One Time Passcode (OTP) Device: <i>New</i>
7-10	Section 3. Provider Population Using ISAS: <i>New</i>
7	Section 3.1 Who Uses ISAS: <i>New</i>
8	Section 3.2 When to Start Using ISAS: <i>New</i>
8	Section 3.3 What Authorizes Providers to Bill through ISAS: <i>New</i> Checking the eligibility status of Medicaid participants through EVS
9-10	Section 3.4 Services Billed through ISAS: <i>New</i> Personal Assistance Services: <i>New</i> Shared Attendant Services: <i>Formerly Section 4</i>
14-18	Section 4: Workweek and Billing Cycle Information: <i>Formerly Section 7</i>
11	Section 4.1 DHMH Authorizes Claims Based on POS Status: <i>New</i>
11	Section 4.3 Agency Provider Billing Information: <i>New</i> Agency Claims Processed According to the Participant's POS
14	Section 4.4 Independent Provider Billing Information Work Week and Billing Cycle Guide for Independent Providers <i>New</i>
19	Section 5.1 Services: <i>New</i>
19	Section 5.1 Claims: <i>New</i>
20	Section 5.3 Procedures to Follow for Recording Shift Times <i>New</i>
21-38	Section 6: Exceptions (Pending Service): <i>Formerly Section 3</i>
25	Section 6.4 Resolving Missing Times: <i>Formerly Section 5</i>
26	Section 6.5 Entering in Missing Time Requests: Example 2: <i>New</i>
39-44	Section 7.1 Submitting Claim Adjustments Required Information Needed for Adjustment Request Submissions: <i>New</i> Overview of Steps Needed to Adjust a Rejected Claim: <i>New</i>
45-46	Section 8: Emergency Backup Care: <i>New</i>
45	Section 8.1 Adjusting Paid Claims Due to Authorized Emergency Backup Care: <i>New</i>
46	Section 8.2 Adjusting Rejected Claims Due to Authorized Emergency Backup Care: <i>New</i>
47-48	Section 9 Reports: Viewing Services and Claims in ISAS: <i>Formerly Section 6.3 & 6.4</i>

1. | ISAS Background Information

The In-house Support Assurance System (ISAS) enables the Maryland Department of Health and Mental Hygiene (DHMH) to monitor the delivery of in-home personal care services. Only personal assistance services are included at this time. ISAS ensures that services are delivered by an authorized service provider according to the participant's Plan of Service (POS).

The purpose of ISAS is to monitor in-home services and to ensure accurate and timely provider payment. Providers are required to call ISAS to record service start times ("clock in times") and end times ("clock out times"). Calls are matched with the provider, participant and plan of service (POS). If the system cannot verify all three, claims are pended and manually reviewed by DHMH. If the system can verify all three, claims are automatically generated daily and submitted to the Maryland Medicaid Management Information System (MMIS) for payment.

To access the ISAS phone system, providers dial a toll-free number and enter their credentials. Upon successful credential authorization, the service start time and end time are recorded. The ISAS phone system authenticates service delivery by using an Integrated Voice Response (IVR) system and sometimes a One-Time Password (OTP) device.

- **Integrated Voice Response (IVR)** – During the initial enrollment process the provider is asked to speak a phrase into the phone system. The IVR application uses an algorithm to create a sound bite of the provider's voice and stores that sound bite for verification purposes. Each time the provider performs a service call they speak the same phrase initially provided at registration. The IVR application then matches the sound bite created during the service delivery against the sound bite created during initial enrollment. Assuming the sound bites match, the provider is authenticated.
- **One Time Password (OTP)** – In most cases the phone verification system verifies the participant based on the phone number assigned to the landline where the service call is initiated. In circumstances where a landline is not available, participants are issued an OTP device by the participant's Supports Planner (SP). An OTP device is a time synchronized device used to authenticate the time that a service takes place. It is a keychain sized device kept in the participant's home. The device has a serial number that is assigned to individual clients. The front of the device displays a randomly generated six-digit number. This randomly generated number changes every 60 seconds and can be traced back to a specific date and time, which in turn, is used to authenticate the service provided.

2. | Getting Started with ISAS

2.1. Registering for ISAS

You should **immediately** complete the following:

1. Watch the training webinars found at www.Ltsstraining.org.
2. Set up your voiceprint by calling 1-888-963-4727.
3. Register your email address (if you have one) by calling 1-855-463-5877 or emailing dhmh.isashelp@maryland.gov the following information:
 - Your name
 - Your phone number
 - Your provider number
 - Your participant's waiver program (e.g. CO or CFC)

2.2. Clocking In and Out

1. You **must** clock in and out of ISAS at the start and end of each shift to bill for services and receive payment. Providers will clock in and clock out in using either (1) the participant's phone, **or** (2) the provider's own personal cell phone along with the One Time Password (OTP) device. For additional information about the OTP device, please refer to Section 2.6.
2. To clock in and out, call **1-855-463-4727 (1-855-4MD-ISAS)**. You will need the following information when you clock in or out:
 - Your participant's Medical Assistance (MA) number
 - Your provider number
 - Your social security number
3. Listen to the system questions and enter the correct information. A guide of the questions you will hear is printed on the back of this sheet.

2.3. Reviewing Your Clock In and Out Times

If you registered your email address (see step 3 under "Registering for ISAS"):

1. Access ISAS online at: <https://Ltsmaryland.org>
2. Enter your 'User Name' and 'Password'. Do **NOT** share your user name or password with anyone.
3. Go to the 'Reports' tab, find the 'Services Rendered Report' and click 'View'.
4. Enter the service dates you want to view, and then click 'View Report'.
5. To enter a missing partial or full shift, refer to Section 6, 4, Resolving Missing Times.

If you do not have an email address:

- Call 1-855-463-5877 between 6 a.m. and 8 p.m.
- Ask the Help Desk operator to review your clock in and clock out times.

2.4. Guide to the ISAS Call-In System

Greeting:

"Welcome to the ISAS Maryland Clock In and Clock Out System."

Prompt 1: Always Required

"For personal assistance services, press '1'. For shared attendant services, press '2'."

- If you press 1:
"You selected personal assistance services. If this is the correct service, press '1'. If this is the wrong service, press '2'."
- If you press 2:
"You selected shared attendant services. This means you are working for more than one client at the **same** time. To bill correctly, clock in and clock out using only **one** client's information. The system automatically records times for both clients. If this is the correct service, press '1'. If this is the wrong service, press '2'."

Prompt 1A: Sometimes Required (Required if provider is not calling from participant phone)

"Enter the client's 11 digit MA number."

Prompt 1B: Sometimes Required (Required if the participant has an OTP device)

"Enter the 6 digit OTP passcode."

Prompt 2: Always Required

"Enter your 9 digit provider number."

Prompt 2A: Sometimes Required (Required if an agency has more than 20 staff providers)

"Enter the last 4 digits of your social security number."

Prompt 3: Always Required

"Provide your voiceprint after the beep. Press the pound (#) key when you are finished."

Prompt 3A: Sometimes Required (Required if provider's voiceprint fails twice)

"Enter your **full** 9 digit social security number."

Prompt 4: Always Required

"To clock in, press '1'. To clock out, press '2'."

- If you press 1:
"You selected to clock in. Press '1' to continue or press '2' to cancel action."
- If you press 2:
"You selected to clock out. Press '1' to continue or press '2' to cancel action."

Ending:

"You clocked in at [Time]. Goodbye."

OR

"You clocked out at [Time]. Goodbye."

2.5. One Time Passcode (OTP) Device

OTP Devices must stay with the participant at all times.
We recommend keeping the device attached to the refrigerator.

Not all participants will have an OTP device in their homes. However, if they do, providers are required to use them with every clock in and clock out. OTP devices are **solely** distributed by supports planners (case managers) to **participants only**. OTP devices **must** be kept with the participant at all times.

OTP devices are assigned for the following reasons:

1. Client does not have a reliable phone that the provider can use.
2. More than one client lives in the same household.
3. Direct services are often provided to the client in the community.

If an OTP device is assigned, you will hear the following phrase when you clock in and clock out:
"Enter the 6 digit OTP passcode"

When you hear this phrase, you should look at the number on the device:



Enter the 6 digits. In this example, you would enter 728197. In the event of a technical issue, we recommend writing down the number when you clock in and clock out. Keep the number with your personal records.

Note: The number on the front of the device changes every 60 seconds. You can tell if the number will change soon by looking at the bars to the left of the number. Each bar tells you that 10 seconds have passed.



In this example, there are 5 bars which means 50 seconds have passed and you only have 10 more seconds to enter the number before a new number will appear.

If the number changes before you finish entering the 6 digits, can try again and enter the newer number. You can attempt to enter the correct passcode up to three times before the system will connect you with the Help Desk operator.

Important: If the OTP is misplaced, broken or malfunctioning, you should contact the client's supports planner immediately.

2.6. Accessing ISAS Online

1. Access ISAS at: <https://Ltssmaryland.org>
 2. Enter 'User Name' and 'Password' (**Important:** Do NOT share your user name or password with anyone.)
 3. The Location dropdown field is your provider number. If you have multiple provider numbers then all provider numbers will be listed in that dropdown field.
- Agencies/Independent Providers with **one provider number:**
 - You will only see one provider number listed.
 - Agencies/Independent Providers with **multiple provider numbers:**
 - The number that is selected as the location will correspond to the claims and pending service activities associated with that number.
 - If you need to see information associated with your other provider number you will need to return to this page and select that provider number from the Location dropdown.

LTSSMaryland

You are entering a Health Insurance Portability and Accountability Act (HIPAA) & Health Information Technology for Economic and Clinical Health (HITECH) Act compliant database housing protected health information (PHI). The HIPAA and HITECH regulations apply to covered entities (DHMH) and also extend to business associates (agencies and contracted vendors). To maintain your compliance with the Acts' requirements relating to privacy, confidentiality, and security of PHI, please read the HIPAA information under the My Info link.

The most up-to-date information regarding HIPAA Privacy and Security and the HITECH ACT can also be found on DHMH's website at: <http://dhmh.maryland.gov/hipaa>

LTSSMaryland login

User Name

On Behalf Of

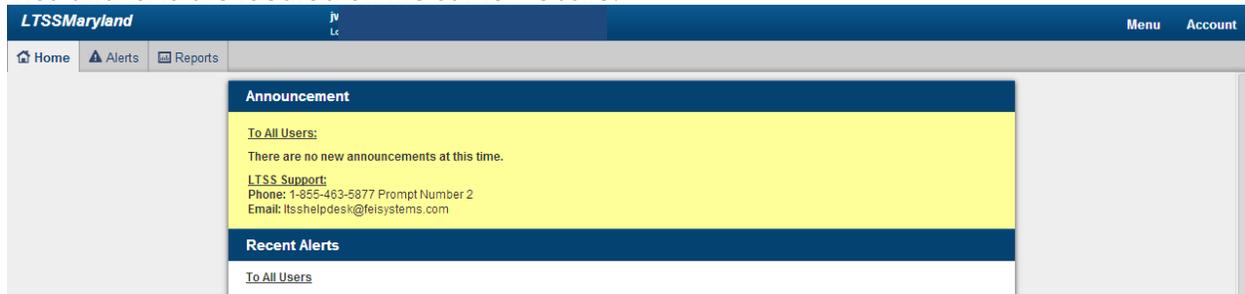
[DHMH Administrator]

Agency

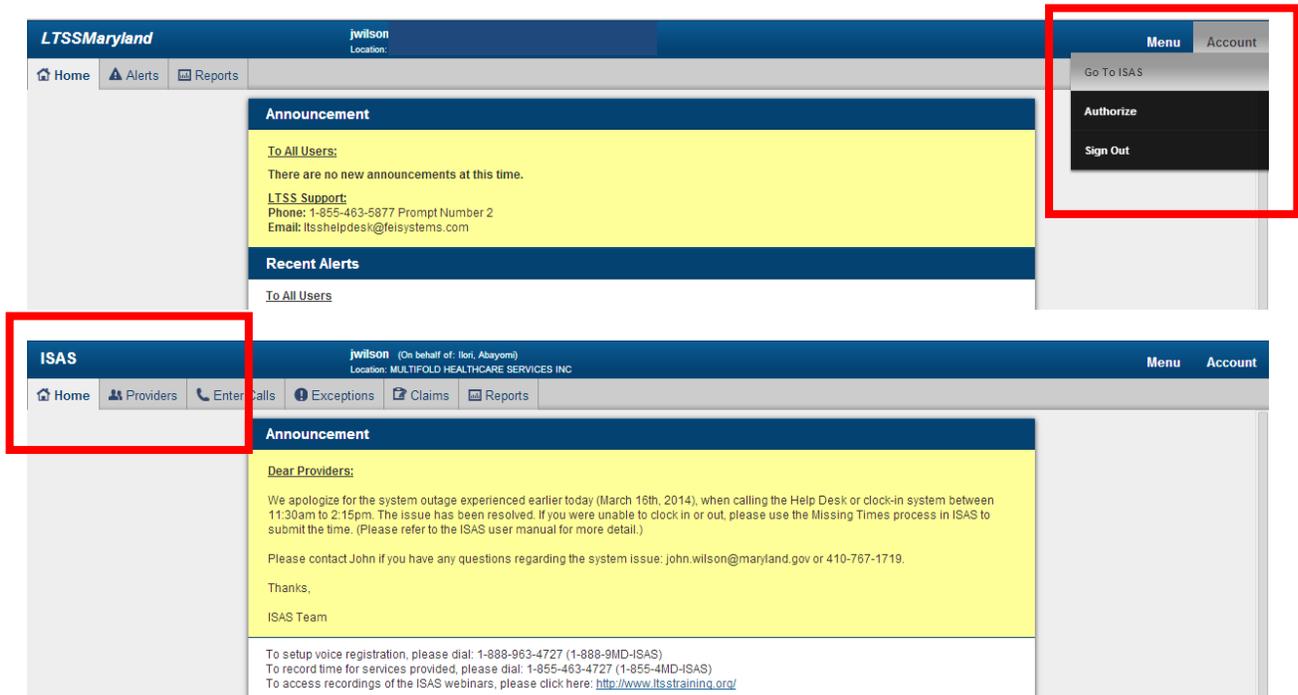
Location

Login

LTSS and ISAS are located on the same website.



- 4. ISAS is accessible by hovering over 'Account' in the right-hand corner and then selecting 'Go to ISAS'.



3. | Provider Population Using ISAS

3.1. Who Uses ISAS

The In-home Supports Assurance System (ISAS) is the exclusive electronic billing system for agency and independent providers who give personal assistance services to participants enrolled in the Community First Choice (CFC) and Home and Community Based Options Waiver (CO) programs.

3.2. When to Start Using ISAS

Providers should begin to use ISAS to clock in and out once a participant has been fully enrolled in **either** the CFC and CO programs. Providers giving care to participants in the MAPC program should continue to submit claims via paper billing. If you have questions about when to start using ISAS, you should contact the participant's Supports Planner.

Once fully enrolled in either the CO or CFC program, providers **must** use ISAS to clock in and out for services.

For Providers Serving Community First Choice (CFC) Participants:

You will receive a letter from DHMH titled "Provider Authorization for Community First Choice (CFC) Services". This letter will tell you the exact date when you should start clocking in and out for a specific participant. If you have multiple participants, you will receive a **separate** authorization letter for **each** participant.

Example: Let's say you provide services to John Smith and Jane Doe. You receive one letter that authorizes you to use ISAS for John Smith on February 15, and a second letter that authorizes you to use ISAS for Jane Doe on March 15:

- On February 15, you will start using ISAS to clock in and out for John Smith only.
- From February 15 – March 14, you will only clock in and out for John Smith.
- On March 15, you will start using ISAS to clock in and out for Jane Doe. If you have questions about when you should start using ISAS, please contact the supports planner.

For Providers Serving Community Option (CO) Participants:

You will be informed by the participant's supports planner that the Plan of Service (POS) has been approved by DHMH and you are now authorized to start billing through ISAS. You should always ask the supports planner to send you a copy of the final DHMH-approved POS. When you receive the documentation, check the POS effective date and weekly authorized service hours.

Important: The supports planner will need you to sign the POS before submitting it to DHMH. The act of signing the POS does NOT authorize services. You must wait for DHMH to officially approve the signed POS. You should only start providing services after the supports planner sends you a copy of the DHMH-approved plan. If you do not wait, you will most likely not receive payment for services provided. If you have questions about when you should start using ISAS, please contact the supports planner.

3.3. What Authorizes Providers to Bill through ISAS

To receive payment for personal assistant services:

1. The participant must be Medicaid eligible and fully enrolled in either the CFC or CO program. To check on recipients' eligibility for any type of Maryland Medicaid benefits, a provider should call the Eligibility Verification System at [1-866-710-1447](tel:1-866-710-1447). The provider can also gain more information by visiting www.emdhealthchoice.org.
2. The provider must be an enrolled and active Medicaid provider.
3. The provider must be listed on the participant's approved and active plan of service (POS).
 - Providers must call to clock in and out using ISAS for services that fit within the participant's authorized plan of service.
 - **Agency Providers:** Effective Thursday, April 2, 2015, the In-Home Supports Assurance System (ISAS) will **reduce and not pay** provider service hours that **exceed** a participant's approved plan of service (POS) hours. Please refer to [Section 4.3. Agency Claims](#) for additional information related to agency provider billing.
 - **Independent providers** can receive reimbursement **up** to the participant's plan of service hours, and can never exceed 40 hours per week per participant. Please refer to [4.4 Independent Provider Billing Information](#) for additional information related to independent provider billing.
4. The SPA must confirm that the provider is authorized to begin services.

3.4. Services Billed through ISAS

Participants in the CFC/CO program are eligible for “assistance specific to the functional needs of a participant with a chronic illness, medical condition, or disability and includes assistance with activities of daily living and instrumental activities of daily living.” (COMAR 10.09.84).

Personal Assistance Services

The Plan of Service categories, “Personal Assistance-Independent” and “Personal Assistance-Agency”, mean that the servicing provider is authorized to bill for one participant at one time.

How to Receive Payment for Personal Assistance Services

To receive payment for personal assistance services, the following criteria must be met:

1. The participant must be Medicaid eligible and fully enrolled in either the CO or CFC programs.
2. The provider must be an enrolled and active Medicaid provider.
3. If the provider is an independent provider, the participant must have “Personal Assistance-Independent” listed on the approved/active plan or

POS Service	Service Type	Provider Name	Units	Frequency	Rate	Annual	Actions
Personal Assistance Independent	Community First Choice		15 hours per week	52 weeks	\$3.1442	\$9,809.90	Quick View

If the provider is an agency provider, the participant must have “Personal Assistance-Agency” listed on the approved/active plan;

Services — Total: 13 Recommended Flexible Budget: \$8,544.00							
Flexible Services							
POS Service	Service Type	Provider Name	Units	Frequency	Rate	Annual	Actions
Personal Assistance Agency	Community First Choice				\$4.1205	\$8,570.64	Quick View

4. The provider must select “1” for personal assistance services when clocking in and out.

Shared Attendant Services

Shared attendant services may be utilized when two participants are living together and choose to have the same personal assistance provider. This service allows a provider to clock in and clock out just once with ISAS when serving two people in the same residence at the same time.

How to Receive Payment for Shared Attendant Services

To receive payment for shared attendant services, the following criteria must be met:

1. The participant must be Medicaid eligible and be fully enrolled in either the CO or CFC programs.
2. Both participants need to have "Shared Attendant Services" listed as the POS Service type on the Plans of Service.
3. Both Plans of Service need to list the name of the other person who is also receiving care at the same time.
4. The caregiver should press 2 for "Shared Attendant Services" when clocking in and out for ONE of the participants, NOT both. The system will automatically know to clock in/out for both participants. This way the caregiver does not need to clock in and out twice.

Note: Clock in and out using the same participant MA number.

Only if these four things are true can the provider give care to two participants at the same time and get paid.

Important: If the caregiver is only taking care of ONE participant, then the caregiver should select "Personal Assistant Services" (press 1).

For example:

1. The caregiver provides care to a husband and wife in the morning. The caregiver should clock in for either the husband or wife, and press 2 for "Shared Attendant".
2. In the afternoon, the caregiver needs to take the wife to the doctor while the husband stays home alone. In other words, in the afternoon the caregiver is only taking care of the wife. Before the caregiver goes to the doctor, she should clock out and press 2 for "Shared Attendant".
3. She should then clock in again for the wife only but should select 1 for "Personal Assistant Services" this time instead of "Shared Attendant Services" since she is only with one participant.

4. | Workweek and Billing Cycle Information

4.1. DHMH Authorizes Claims Based on POS Hours

Per COMAR 10.09.54.20, DHMH is authorized to reimburse providers for direct care **up** to the weekly hours pre-approved by a participant's plan of service.

4.2. DHMH Workweek

Effective September 11, 2014, DHMH defines the workweek as starting on Thursday and ending on Wednesday (11:59 PM) for all providers.

4.3. Agency Provider Billing Information

Agency Claims Processed According to the Participant's POS

Effective Thursday, April 2, 2015, the In-Home Supports Assurance System (ISAS) will **reduce and not pay** provider service hours that **exceed** a participant's approved plan of service (POS) hours.

Under Code of Maryland Regulations 10.09.54.20, providers can bill DHMH for **only** those services pre-approved on a participant's POS. As a result, ISAS will only pay for the approved POS hours. *EXAMPLE: Provider A is allowed to work 20 hours (80 units) per week, but clocked in and out for the following times:*

Day	Clock In	Clock Out	Hours Billed	Units Billed	Units Allowed
Thursday	8:00 AM	11:00 AM	3.00	12	12
Friday	8:00 AM	10:30 AM	2.50	10	10
Saturday	8:00 AM	1:00 PM	5.00	20	20
Sunday	7:30 AM	11:00 AM	3.50	14	14
Monday	8:00 AM	1:00 PM	5.00	20	20
Tuesday	8:00 AM	10:00 AM	2.00	8	4
Wednesday	8:00 AM	9:00 AM	1.00	4	0
Total			22	88	80

This provider went over the POS by 2 hours (8 units). The system will reduce the Tuesday claim from 8 to 4 units, and will reduce the Wednesday claim from 4 to 0 units. DHMH will not pay Provider A for these 8 units above the approved POS hours.

Agency Provider Billing Information

Agencies are reimbursed **weekly**, based on a Thursday to Wednesday workweek schedule. If an **agency** needs to register for direct deposit billing, they should download the gadx-10 form by going to:

http://comptroller.marylandtaxes.com/Government_Services/State_Accounting_Information/Electronic_File_Transfer/

Note: Agencies must only register for direct deposit if they have **never** received payments via direct deposit for any DHMH claims in the past.

Revised Workweek and Billing Cycle Guide for Agency Providers

The billing cycle is based on a **Thursday (12:00 AM) through Wednesday (11:59 PM) workweek**. Please see [Section 10](#) for more information.

Pay Cycle Start (12:00 AM)	Pay Cycle End (11:59 PM)
1/1/2015*	1/7/2015*
1/8/2015	1/14/2015
1/15/2015	1/21/2015
1/22/2015	1/28/2015
1/29/2015	2/4/2015
2/5/2015	2/11/2015
2/12/2015	2/18/2015
2/19/2015	2/25/2015
2/26/2015	3/4/2015
3/5/2015	3/11/2015
3/12/2015	3/18/2015
3/19/2015	3/25/2015
3/26/2015	4/1/2015
4/2/2015	4/8/2015
4/9/2015	4/15/2015
4/16/2015	4/22/2015
4/23/2015	4/29/2015
4/30/2015	5/6/2015
5/7/2015	5/13/2015
5/14/2015*	5/20/2015*
5/21/2015	5/27/2015
5/28/2015	6/3/2015
6/4/2015	6/10/2015
6/11/2015	6/17/2015
6/18/2015	6/24/2015
6/25/2015*	7/1/2015*
7/2/2015	7/8/2015

Pay Cycle Start (12:00 AM)	Pay Cycle End (11:59 PM)
7/9/2015	7/15/2015
7/16/2015	7/22/2015
7/23/2015	7/29/2015
7/30/2015	8/5/2015
8/6/2015	8/12/2015
8/13/2015	8/19/2015
8/20/2015	8/26/2015
8/27/2015	9/2/2015
9/3/2015	9/9/2015
9/10/2015	9/16/2015
9/17/2015	9/23/2015
9/24/2015	9/30/2015
10/1/2015	10/7/2015
10/8/2015	10/14/2015
10/15/2015	10/21/2015
10/22/2015	10/28/2015
10/29/2015	11/4/2015
11/5/2015	11/11/2015
11/12/2015	11/18/2015
11/19/2015*	11/25/2015*
11/26/2015	12/2/2015
12/3/2015	12/9/2015
12/10/2015	12/16/2015
12/17/2015*	12/23/2015*
12/24/2015*	12/30/2015*
12/31/2015	1/6/2016
*Pay cycle may be impacted due to holiday	

4.4. Independent Provider Billing Information

Independent Provider Claims Processed According to POS & the 40 Hour Weekly Limit

Independent Providers giving care to participants in the Community Options (CO) and Community First Choice (CFC) programs are limited to receiving reimbursement for the hours authorized by the participant's plan of service. No independent provider can work more than 40 hours **per week per participant**. Independent providers should **not** clock in and out for service hours that exceed the hours authorized by the participants' POS.

Even though PPL, the fiscal intermediary, pays independent providers every two weeks, the ISAS system calculates the number of hours authorized **per** week, and can never pay more than 40 per week per participant

For example, a participant is authorized to receive care from an independent provider, Provider Jones, for forty hours per week, or for a total of 80 hours every two weeks. If Provider Jones works 30 hours in Week 1, he cannot work 50 hours (10 additional hours) during Week 2 to make up for the missed shift.

Independent Provider Billing Information: Fiscal Intermediary – Public Partnerships (PPL)

Independent providers must enroll with PPL. Contact PPL at 1-800-686-0734 if you have not completed an enrollment packet. PPL will verify your participant's mailing address. If necessary, you can send a fax to PPL at 1-855-347-4978.

Note: Direct deposits will NOT typically arrive on the date they are sent. Arrival largely depends on the provider's bank. The far majority of providers will receive direct deposits by the following Monday.

Questions about direct deposit, tax withholding, information listed on pay stubs, and participant/provider forms should be directed to PPL.

Work Week and Billing Cycle Guide for Independent Providers

Effective Thursday, September 11, 2014, the workweek was changed to begin on Thursday (12:00 PM) and to end on Wednesday (11:59 PM), matching the billing cycle on the next page.

The Program encourages supports planners to assist providers in developing a schedule that will meet the participant's needs while complying with the Department's work week schedule. An example is shown below.

Scenario A: A provider is authorized to bill for 40 hours of care for a participant a week. The provider originally clocks in and out for shifts based on a Sunday-Saturday workweek. He only receives reimbursement for 30 hours per week.

Scenario B: By working with the participant and the SPA, the provider was able to modify his work schedule to fit within DHMH's workweek. He now receives payment for 40 hours of care per week.

		Week 1						Week 2			Total Hours Paid for Week 1	
		Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday
Scenario A		Provider doesn't work	Provider doesn't work	Provider doesn't work	Provider doesn't work	10 hours	10 hours	10 hours	10 hours	Provider doesn't work	Provider doesn't work	30 hours
Scenario B		10 hours	10 hours	10 hours	10 hours	Provider doesn't work	Provider doesn't work	Provider doesn't work	10 hours	10 hours	10 hours	40 hours

Billing Cycle Guide for Independent Providers

Pay Cycles (Dates of Service)	Date Checks Sent by PPL
12/18/2014-12/29/2014*	* 1/9/2015 *
12/30/2014 - 1/14/2015	1/23/2015
1/15/2015 - 1/28/2015	2/6/2015
1/29/2015 - 2/11/2015	2/20/2015
2/12/2015 - 2/25/2015	3/6/2015
2/26/2015 - 3/11/2015	3/20/2015
3/12/2015 - 3/25/2015	4/3/2015
3/26/2015 – 4/8/2015	4/17/2015
4/9/2015 – 4/22/2015	5/1/2015
4/23/2015 – 5/6/2015	5/15/2015
5/7/2014 – 5/20/2015*	5/29/2015*
5/21/2015-6/3/2015*	6/12/2015*
6/4/2015-6/17/2015	6/26/2015
6/18/2015-7/1/2015*	7/10/2015*
7/2/2015-7/15/2015	7/24/2015
7/16/2015-7/29/2015	8/7/2015
7/30/2015-8/12/2015	8/21/2015
8/13/2015-8/26/2015	9/4/2015
8/27/2015-9/9/2015	9/18/2015
9/10/2015-9/23/2015	10/2/2015
9/24/2015-10/7/2015	10/16/2015
10/8/2015-10/21/2015	10/30/2015
10/22/2015-11/4/2015	11/13/2015
11/5/2015- 11/18/2015	11/27/2015
11/19/2015-12/2/2015	12/11/2015
12/3/2015-12/16/2015	12/25/2015
12/17/2015-12/30/2015*	1/8/2016*
*Pay cycle may be impacted due to holiday	

4.5. Billing Procedure Codes

Effective January 6, 2014, the Living at Home Waiver and Older Adults Waiver are now known as Community Options. Billing for Personal Care services has changed to the following:

Community Options

- **W5519:** Agency Personal Care Provider
- **W5520:** Independent Personal Care Provider
- **W5521:** Personal Assistance -Shared Attendant

Prior to January 6th Personal Assistance services were identified by the following billing codes for waiver programs:

Living at Home Waiver

- **W4001:** Independent Personal Care Provider
- **W4000:** Agency Personal Care Provider

Waiver for Older Adults

- **W0200:** Independent Personal Care Provider (no meds)
- **W0201:** Independent Personal Care Provider (with meds)
- **W0202:** Agency Personal Care Provider (no meds)
- **W0203:** Agency Personal Care Providers (with meds)

Note: Respite Care and Nurse Monitoring are **NOT** included in ISAS billing. Providers should never use ISAS to report hours for either service. Only Personal Assistance services may be reported via ISAS.

4.6. Caregiver Record Policy for Providers

Prior to the implementation of the ISAS system, personal assistance providers in the Waiver for Older Adults (WOA) program and the Living at Home (LAH) Waiver listed hours worked and tasks performed on a timesheet and submitted it for payment to either the Department of Aging or Administrative Services, Inc (ASI), the former fiscal intermediary.

ISAS changed this policy when it became the official-**and only**- method for personal assistance providers to submit time worked (for the LAH program on December 2, 2013, and for the WOA program on December 9, 2013).

As of August 15, 2014, the Department no longer requires providers to submit written documentation of hours worked. However, **providers are accountable for ALL times entered into ISAS by all caregivers**. On the next page there is a caregiver record form that will help providers who wish to track their hours.

- For services performed prior to August 15, 2014, agencies **must** maintain timesheets and tasks for at least 6 years in case of audit.
- For services performed on or after August 15, 2014, agencies do not need to collect or maintain timesheets. Agencies can choose whether or not to share the caregiver record form with their caregivers/staff.

NOTE: The caregiver record does **NOT** replace the ISAS system and DHMH will not consider it for payment. The document will service only as a reminder for providers.

Section 5: Service and Claim Submission

ISAS Call-in Number: 1-855-463-4727
ISAS Help Desk: 1-855-463-5877

Program: Community First Choice (CFC) Community Options

 Program Participant (Name)

 Caregiver Name (Print)

Week 1	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Comments
Date								
Time In								
Time Out								
Week 2	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Comments
Date								
Time In								
Time Out								
Week 3	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Comments
Date								
Time In								
Time Out								
Week 4	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Comments
Date								
Time In								
Time Out								

Note: The form does **NOT** replace the ISAS system and DHMH will not consider it for payment. The form will however document date of work and serve as a reminder for providers.

5. | Service and Claim Submission

5.1. Services

A closed shift, or a **service**, is created when a provider calls into the ISAS system at the beginning of a shift ("clock in") and end of a shift ("clock out"). The **service duration (hours)** is calculated by finding the difference between the clock in and clock out time. Every hour has four **units**. Multiple services can be recorded for the same date, but the times should never overlap.

5.2. Claims

Services are bundled into claims on a nightly basis. Below are common **claim** description terms.

1. **Exceptions** prevent services from being generated into claims.

For example, if a provider only calls into ISAS to record one part of the shift, then a **missing time exception** will be generated. The ISAS system will detect that part of the shift is missing. Refer to Section 6 for more information about DHMH policies and procedures on how to resolve exceptions.

2. **Claim Statuses** can be viewed by accessing the claims tab or Claims and Remittance Reports. Refer to Section 6, Exceptions and Section 9, Reports.

3. **Split Shifts** occur if:

- If an agency has one or more providers working for the same participant on the same day, the system will bundle those shifts together into one claim for that day.
- If an independent provider works two or more shifts for the same participant on the same day, the system will bundle those shifts together into one claim for that day.

Viewing Reduced and Rejected Claims

Administrators will be able to find information about claims that were reduced or rejected for exceeding the plan of service by:

4. Going to the ["Claims Report"](#). See Section 9 for more information.
5. Administrators can also go to the ["Claims"](#) tab in ISAS, and search for rejected claims. Claims that were billed and paid at zero dollars indicate that the system reduced the entire claim for completely exceeding the POS.

5.3. Procedures to Follow for Recording Shift Times

Caregivers should clock in and out when they are providing direct care to participants. If you are an agency provider, it is the administrator's responsibility to monitor the staff times worked and to set the staff schedules.

The system calculates the hours based on the POS that is **active and approved** on that **date of service**.

Important: If you believe that your claims are being reduced incorrectly, you must contact the participant's supports planner immediately for clarification about the plan of service hours.

6. | Exceptions (Pending Services)

6.1. What is an Exception?

An exception is something that prevents a claim from being submitted for billing. Below are the following reasons why:

1. *Missing Clock In*
2. *Missing Clock Out*



Providers are responsible for preventing or resolving these issues.

3. *No Active POS*
4. *Provider Not on Client POS*
5. *Client POS does not have ISAS services*
6. *Client Ineligible*



Providers should contact the participant's supports planner/case manager about these issues.

7. *14 Hour Exception*
8. *Share attendant service Not found in POS*
9. *No matching share attendant in POS*
10. *Overlap service found for the same client*
11. *Overlap service found for the same provider*



Providers can contact dhmh.isashelp@maryland.gov about these issues.

The purpose of the next section is to provide an overview of the 11 exception types and how they are triggered.

6.2. Exception Types and Estimated Resolution Time

PROVIDER HANDLES FOLLOWING EXCEPTIONS:

1. **Missing Clock Out**– The triggers for this exception include:
 - Provider clocked in for service but never clocked out.
2. **Missing Clock In** – The triggers for this exception include:
 - Provider clocked out for service but never clocked in.

Refer to [Section 6](#) to learn how to resolve missing times.

Estimated Resolution Time: After missing times are resolved by providers, DHMH then approves/rejects the request. DHMH estimates a resolution within 10 business days of submission date.

PROVIDER SHOULD CONTACT CASE MANAGER/SUPPORTS PLANNER ABOUT FOLLOWING EXCEPTIONS:

3. **No Active POS** – The trigger for this exception includes:
 - Participant does not have an **approved** and **active** plan of service (POS).
4. **Provider Not on Client POS** – The trigger for this exception includes:
 - The provider is not listed on the participant's **approved** and **active** plan of service (POS).
5. **Client POS has no ISAS service**
 - "Personal Assistance Services" is not listed on the participant's **approved** and **active** plan of service (POS).
6. **Client Ineligible** – The trigger for this exceptions includes:
 - A participant is deemed ineligible either temporarily or permanently.

Frequently providers require more information regarding participants than is communicated via the ISAS system.

Responsibilities of Supports Planners include, but are not limited to:

1. *Updating participant's plan of service (POS) and communicating any related changes or issues to the provider.*
2. *Assigning and distributing OTP devices directly to participants when necessary. (Please contact supports planner if an OTP device is broken or lost.)*

Estimated Resolution Time: This resolution time depends on efficient communication among supports planner, participant, provider and DHMH. We estimate 21 business days to resolve these exceptions.

PROVIDER CAN CONTACT DHMH ABOUT FOLLOWING EXCEPTIONS:

7. **14 Hour Exception**
 - Provider worked a shift that exceeds 14 hours of care;
 - DHMH reviews shifts exceeding 14 hours prior to payment.
8. **Share attendant service Not found in POS**
 - The participant only receives personal care services;
 - The provider mistakenly selected "Shared Attendant".
9. **No matching share attendant in POS**
 - The participant is eligible to receive "Shared Attendant" service meaning that the client's provider can give care to two clients in the same household at the same time;
 - The other client who receives care at the same time does not have "Shared Attendant" service listed on the Plan of Service.
10. **Overlap service found for the same client**
 - Two or more providers were clocked in for the same client for a period of time.
11. **Overlap service found for the same provider**
 - A provider clocked in for two or more clients for a period of time.

Estimated Resolution Time: We estimate 5-10 business days to resolve these exceptions.

6.3. How to View Exceptions

You can view services that are being held off from billing by searching the system for exceptions.

In order to view a listing of exceptions you need to:

1. Go to the **Exceptions** tab in ISAS and search by entering any of the following: *Staff Name, Client Name, and/or Date of Service (Service Start and End Date)*.

The screenshot shows the ISAS interface with the 'Exceptions' tab selected. The search filters include Provider Name / #, Staff Name, Status, Client Name / ID / MA#, Service Start Date, Service End Date, and Pending Reason. The table below shows search results with columns for Provider Name, Staff Name, Client MA#, Client Name, Service Name, Service Date, Pending Reason(s), Status, and Actions. A red box highlights the 'Status' column, which contains values such as 'Not Authorized', 'New', and 'Needs Authorization'. A red arrow points to the 'Exceptions' tab, and another red arrow points to the 'Status' column.

Provider Name	Staff Name	Client MA#	Client Name	Service Name	Service Date	Pending Reason(s)	Status	Actions
Search results will appear here.								
Unknown				Unknown	02/06/2014		Not Authorized	View
Unknown				Unknown	02/07/2014	Missing Clock-in	New	Resolve
Unknown				Unknown	02/07/2014		Not Authorized	View
Unknown				Unknown	02/07/2014		Not Authorized	View
Unknown				Unknown	02/17/2014	Missing Clock-in	New	Resolve
Unknown				Unknown	02/22/2014	Missing Clock-in	New	Resolve
Unknown				Unknown	02/22/2014	Missing Clock-out	New	Resolve
Unknown				Unknown	02/28/2014	Missing Clock-in	New	Resolve
W5519 - Personal Assistant Services				W5519 - Personal Assistant Services	02/28/2014	Over 14 hours shift	Pending	View
W5519 - Personal Assistant Services				W5519 - Personal Assistant Services	03/02/2014	Over 14 hours shift	Pending	View
Unknown				Unknown	03/04/2014		Needs Authorization	View

2. A shift will have one of the following statuses:

- **New** – The ISAS system has recorded a new shift, but the service has not gone through the nightly eligibility checks because part of the shift is missing. Provider administrators need to resolve these services by entering the missing time. Refer to Section 5, Missing Time Request Process.
- **Needs Authorization** – This is a shift that was already entered manually by the provider administrator, and has been submitted to DHMH for approval/rejection.
- **Not Authorized** – This is a shift that was manually entered by the provider administrator and was rejected by DHMH.
- **Pending** – This is a shift that generated an exception during nightly eligibility checks. For more information regarding exceptions please refer to [Section 6.2](#).

3. To see more detailed information about the shift and/or exception, click the “View” or “Resolve” link. Please note that **only** provider administrators can resolve missing times

6.4. Resolving Missing Times

What is the Process?

Effective January 6, 2014 provider administrators have the ability to manually enter missing clock in or out times for you or your staff. **Please note that all manual time entries will be reviewed then approved or rejected by DHMH before being processed for billing purposes.**

The ISAS Help Desk will **only** enter missing times for independent providers.

There are two scenarios under which you can submit a missing time request.

Scenario A: An **entire** shift is missing or was forgotten (i.e. there is a closed shift with a duration of six minutes or less, or no shift recorded in the Services Rendered report). In this case, provider administrators will need to go to the "Enter Calls" tab to submit times for an entire shift (see screenshot below).

Scenario B: Part of a shift is missing or was forgotten (i.e. a clock in OR a clock out is recorded in the Services Rendered report, but not both). In this case, provider administrators will need to go to the "Exceptions" tab, search for the missing clock in or missing clock out, and resolve the exception (see screenshot below).

The screenshot shows the ISAS web application interface. The top navigation bar includes 'Home', 'Providers', 'Enter Calls', 'Exceptions' (selected), 'Claims', and 'Reports'. The 'Announcement' section contains the following text:

To setup voice registration, please dial: 1-888-963-4727 (1-888-9MD-ISAS)
 To record time for services provided, please dial: 1-855-463-4727 (1-855-4MD-ISAS)

Viewing Claims in ISAS
 The below message does NOT pertain to agencies.
 Dear Independent Providers,
 If you are a Living at Home waiver provider who previously submitted paper time sheets to ASI, you will be able to see claims in ISAS from 12/2/13 going forward. If you have questions about any claims prior to 12/2/13, contact ASI at 800.250.3754.
 If you are Waiver for Older Adults provider who previously submitted paper time sheets to Maryland Dept. of Aging, you will be able to see claims in ISAS from 12/9/13 going forward. If you have questions about any claims prior to 12/9/13, contact Linda Smith at LindaL.Smith@maryland.gov.
 Please email John Wilson at john.wilson@maryland.gov only if you are unsure of what this message means.

The 'Recent Alerts' section lists the following alerts:

- 12/13/13 - ASI Bi-weekly pay cycle has changed to a weekly pay cycle: [ASI Bi-weekly pay cycle has changed to a weekly pay cycle memo.pdf](#)
- 11/26/13 - Resolving Missing Times: [Resolving Missing Times.pdf](#)
- 11/23/13 - Important ISAS Billing Manual: [ISAS Reference Guide for Billing and Exceptions 11.22.pdf](#)
- 10/29/13 - Major change to missing clock-in/clock out policy: [Agency personal care providers exceptions memo.pdf](#)
- 10/29/13 - Removal of e-Medicaid and Paper Billing for WOA providers: [Removal of paper billing and eMedicaid for WOA agencies memo.pdf](#)
- 10/03/13 - Guidance on viewing claim reports and requesting adjustments: [ISAS reference guide for billing and adjustments.docx](#) [ISAS provider](#)

6.5. Entering in Missing Time Requests

You should **not** submit a new call transaction if a provider only forgot to clock in or clock out for **part** of a shift.

The **Enter Calls** tab allows you to submit a new call transaction for yourself or staff who forgot to clock in **and** out for an entire shift.

Note: The services that appear in the report will depend on which provider number you selected under "Location" when signing into ISAS. Be sure to check the Services Rendered Report for all provider numbers associated with your agency.

Important: If you or your staff give care to a participant in multiple shifts throughout the day and one of the shifts is not recorded in ISAS, you should submit an **adjustment** to the paid claim for that service date. You should not submit a **missing time request**. Please refer to [Section 7](#) for more information about DHMH policies and procedures on how to submit adjustment requests.

You should enter in a full shift through the Enter Calls page.

Example 1: Forgotten Full Shift: Regular Servicing Provider

If the Services Rendered Report does not show that a provider worked on 11/24 even though the provider gave services on 11/24, then the administrator should enter a new call transaction.

Example 2: An Agency Provides Authorized Emergency Care to Participant and No Closed Shift Exists for Date of Service

If the agency was providing emergency backup care to a participant, but the agency already worked the maximum hours listed on the approved and active plan of service, then the agency administrator should submit a missing time request for a full shift. The request will need to state that the additional care was needed due to an emergency situation. Based on the information received from the SPA, the ISAS team will either approve or deny the request. If the request is approved but the agency already worked the authorized hours, then the ISAS system will automatically reject the claim. The administrator will then need to submit an adjustment to the **rejected** claim. Please refer to [Section 8](#) for additional instructions on how to submit the adjustment.

Example 3: Clock in/Out Results in Closed Shift Lasting Less than Seven Minutes

If the Services Rendered Report shows that a staff provider accidentally clocked in at 2:00 PM and then out at 2:04 PM, then the administrator should enter a new call transaction. Write a detailed explanation before submitting the shift to DHMH to review.

Go to [Section 6.6](#) for instructions on how to enter a full shift.

You should enter a partial shift through the Exceptions page

Example 1: A provider clocks in, but does not clock out

If the Services Rendered Report shows that a provider clocked in at 2:00 PM on 11/24 but did not clock out, then the administrator should **not** enter a new call transaction. Instead the administrator should enter the missing clock out by resolving the time through the “Exceptions” tab.

Example 2: A provider clocks out, but does not clock in

If the Services Rendered Report shows that a provider clocked out at 4:00 PM on 11/24 but did not clock in, then the administrator should **not** enter a new call transaction. Instead the administrator should enter the missing clock in by resolving the time through the “Exceptions” tab.

Go to [Section 6.7](#) for instructions on how to enter a partial shift.

6.6. How to Enter Full Shifts through the Enter Calls Page

The following steps are required to successfully submit a call transaction on behalf of yourself or one of your staff who missed clocking in and out through the ISAS IVR system for a **full** shift:

How to Enter the Calls

1. Go to the “Enter Calls” tab in ISAS (shown below) and enter the following information.

Note: Check the Services Rendered Report to verify that the service you are requesting has not already been recorded in the system. If you attempt to submit a duplicate or overlapping shift, an error message will appear.

ISAS FENbill_magro (On behalf of: Jones, Donald) Location: ISAS-CO Menu Account

Home Providers Enter Calls Exceptions Claims Reports

New Call Transactions

New Call Transaction Create

Call Transaction Details

Service Information

Service Type: [Dropdown]

Client MA#: [Text]

Client Name: [Text]

Provider #: 06666601

Provider Name: ISAS-CO

Staff Name: [Dropdown]

Staff Phone #: [Text] Ext: [Text]

Call Transaction

Clock In

Service Date and Time: 12/23/2013 12:21 PM [Calendar Icon]

Clock Out

Service Date and Time: 12/23/2013 12:21 PM [Calendar Icon]

You should submit a new call transaction ONLY IF a provider forgot to clock in or out for an ENTIRE shift.

Example: If the Services Rendered Report does not show that a provider worked on 11/24 even though the provider gave services on 11/24, then the administrator SHOULD enter a new call transaction

You should NOT submit a new call transaction if a provider only forgot to clock in or clock out for PART of a shift.

Example: If the Services Rendered Report shows that a provider clocked in at 2:00 PM on 11/24 but did not clock out, then the administrator should NOT enter a new call transaction. Instead the administrator should enter the missing clock out by resolving the time through the 'Exceptions' tab.

If the Services Rendered Report shows that a provider clocked out at 4:00 PM on 11/24 but did not clock in, then the administrator should NOT enter a new call transaction. Instead the administrator should enter the missing clock in by resolving the time through the 'Exceptions' tab.

2. Input the following information:

- a. **Service Type** – The options are “Personal Assistance Services” and “Shared Attendant”. The majority of providers render personal care services and only a very small number are rendering shared services. In the majority of the cases you will select the “Personal Assistance Services” option.
 - “Personal Assistance Services” refers to providers who are giving services to one client at a time.
 - “Shared Attendant” refers to providers who are giving services to two or more clients at a time.
- b. **Client MA#** - You must enter the participant's current eleven digit Medicaid Assistance Number
- c. **Client Name** – This automatically populates based on the Client MA # provided. Please verify that the participant name is correct.
- d. **Provider Number** – This automatically populates based on the login credentials you provide in order to access the system. The provider number equates to the location you selected when logging in. If you have multiple provider numbers please make sure that you are logged into the system with the correct number.
- e. **Provider Name** – This automatically populates based on the login credentials you provide in order to access the system.
- f. **Staff Name** – The dropdown populate with all staff assigned to the provider number. Select the staff that rendered the service. If the staff does not appear in the drop down then you will need to create their record.
- g. **Clock in Service Date and Time** – Enter the date and time that the staff started their shift. Please note that the date and time cannot be in the future.
- h. **Clock out Service Date and Time** – Enter the date and time that the staff completed their shift. Please note that the date and time cannot be in the future.

3. Upon entering the required information select the **Create** tab in order to submit the call transaction.

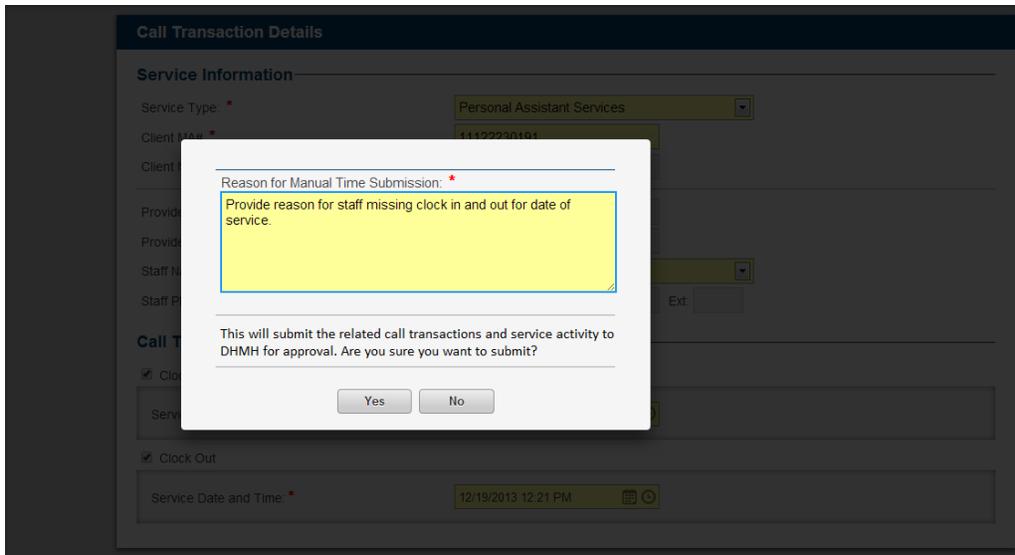
The screenshot shows the 'New Call Transaction' form in the ISAS application. The form is titled 'Call Transaction Details' and contains the following information:

- Service Information:**
 - Service Type: Personal Assistant Services
 - Client MA#: 11122230191
 - Client Name: Douglas Pine
 - Provider #: 66999901
 - Provider Name: ISAS-CO
 - Staff Name: Isabella Mason - 6438
 - Staff Phone #: 4105328865
- Call Transaction:**
 - Clock In: Service Date and Time: 12/19/2013 08:20 AM
 - Clock Out: Service Date and Time: 12/19/2013 12:21 PM

A red box highlights the 'Create' button in the top right corner of the form, with an arrow pointing to it.

Section 6: Exceptions (Pending Services)

4. A pop-up box will load requesting a reason for manual time submission. You must include a detailed explanation for the request, as well as the staff name and start/end time of the shift. Provide a valid and detailed reason for manually entering the call transaction and select the **Yes** button.



5. Upon selecting the **Yes** button you will receive a message stating the record has been successfully submitted. The call transaction will be sent to DHMH for review and approval. DHMH will review the request based on the authorized hours listed in the participant's active and approved POS. Refer to [Section 6.13](#) and [Section 6.14](#) for more information about the Missing Time Request Limit and Due Dates.

6.7. How to Enter Partial Shifts through the Exceptions Page

In order to resolve a service that is missing a clock in **or** out you need to complete one of the following depending on date of service:

- Search by a status of **New** for any service with a missing clock in or clock out on or after 1/6/2013
- Search by a status of **Pending** for any service with a missing clock in or clock out prior to 1/6/2013

The search can be performed by entering the *Staff Name*, *Client Name*, or *Date of Service (Service Start and End Date)*.

How to Enter Calls

The following steps are required to successfully submit a missing time on behalf of yourself or one of your staff who missed clocking in OR out through the ISAS IVR system for part of a shift:

1. Go to the **Exceptions** tab in ISAS (shown below) and enter the following information.
2. Search for Missing Clock In or Missing Clock Out exceptions.

Section 6: Exceptions (Pending Services)

3. In order to enter and submit the missing time information for a service click on the **Resolve** link.

The screenshot shows the ISAS interface for 'FENbill.magro' (On behalf of: Jones, Donald). The 'Exceptions' tab is active. The search criteria are: Provider Name / # 66666601, Staff Name, Status New, Client Name / ID / MA#, Service Start Date 12/01/2013, Service End Date 12/23/2013, and Pending Reason All. Below the search criteria is a table with the following data:

Provider Name	Staff Name	Client Name	Service Name	Service Date	Pending Reason(s)	Status	Actions
ISASDemo	Donald Jones	Douglas Pine	W5519 - Personal Assistance	12/02/2013	Missing Clock-out	New	Resolve
ISASDemo	Donald Jones	Douglas Pine	W5519 - Personal Assistance	12/01/2013	Missing Clock-in	New	Resolve

An arrow points to the 'Resolve' link in the 'Actions' column of the second row.

4. Upon selecting the **Resolve** link the details of the service activity will load.
 - In the situation where the staff clocked in but did not clock out, the clock in information (service date and start time, client information, and type of service) will pre-fill. You will need to enter the *Clock Out Service Date and Time*.
 - In the situation where the staff clocked out but did not clock in, the clock out information (service date and start time, client information, and type of service) will pre-fill. You will need to enter the *Clock In Service Date and Time*.
5. Upon entering the missing information select the **Resolve** button to submit the service activity.

The screenshot shows the 'Resolve Missing Clock-In/Clock-Out Service Activity' pop-up box. The 'Resolve' button is highlighted with a red box and an arrow. The form contains the following information:

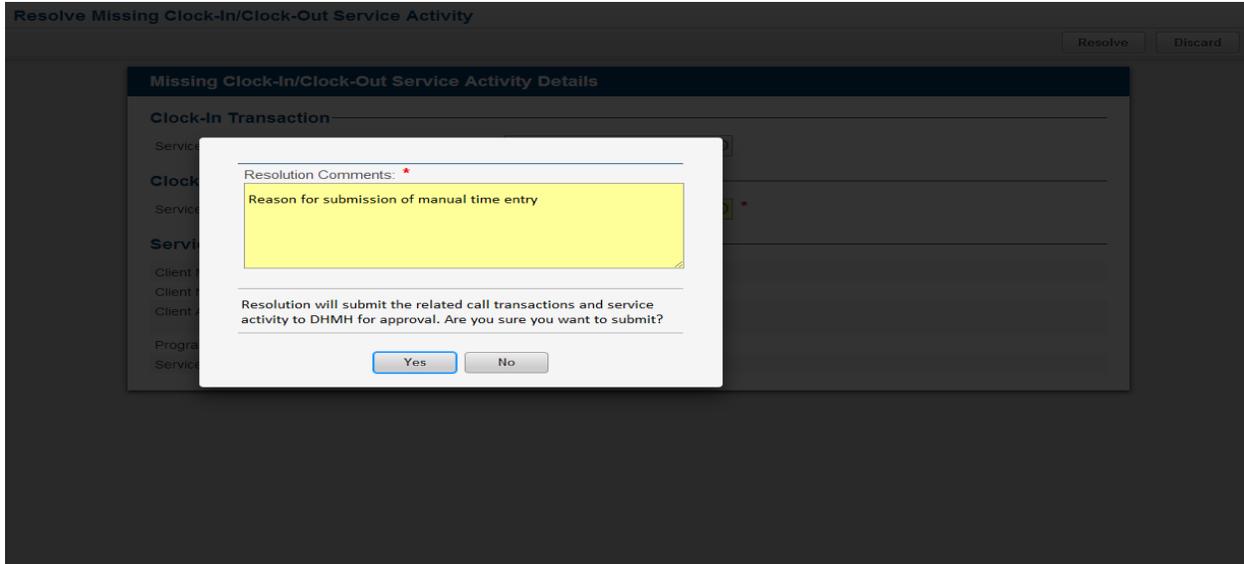
Missing Clock-In/Clock-Out Service Activity Details

Clock-In Transaction
Service Date and Time: 12/2/2013 11:00 AM

Clock-Out Transaction
Service Date and Time: 12/2/2013 5:00 PM *

Service Information
Client MA#: 11122230191
Client Name: Douglas Pine
Client Address: 2024 Blue Street, Baltimore, MD 20103
Program Name:
Service Type: Personal Assistant Services

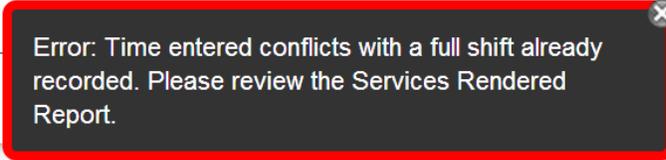
6. A pop-up box will load requesting a reason for manual time submission. Provide a valid reason for manually entering the missing time for the service activity and select the **Yes** button.



6. Upon selecting the **Yes** button you will receive a message stating the record has been successfully submitted. The service activity will be sent to DHMH for review and approval. DHMH will review the request based on the authorized hours listed in the participant's active and approved POS. Refer to [Section 6.13](#) and [Section 6.14](#) for more information about the Missing Time Request Limit and Due Dates.

6.8. Error Messages

Important: Do not attempt to submit multiple requests for the same service. Entering duplicate or overlapping services will generate an error message (shown below). Check the Services Rendered Report to verify that the service you are requesting has not already been recorded in the system.



Error: Time entered conflicts with a full shift already recorded. Please review the Services Rendered Report.

If you try to enter a new call transaction for a partial shift, you will see the following error:



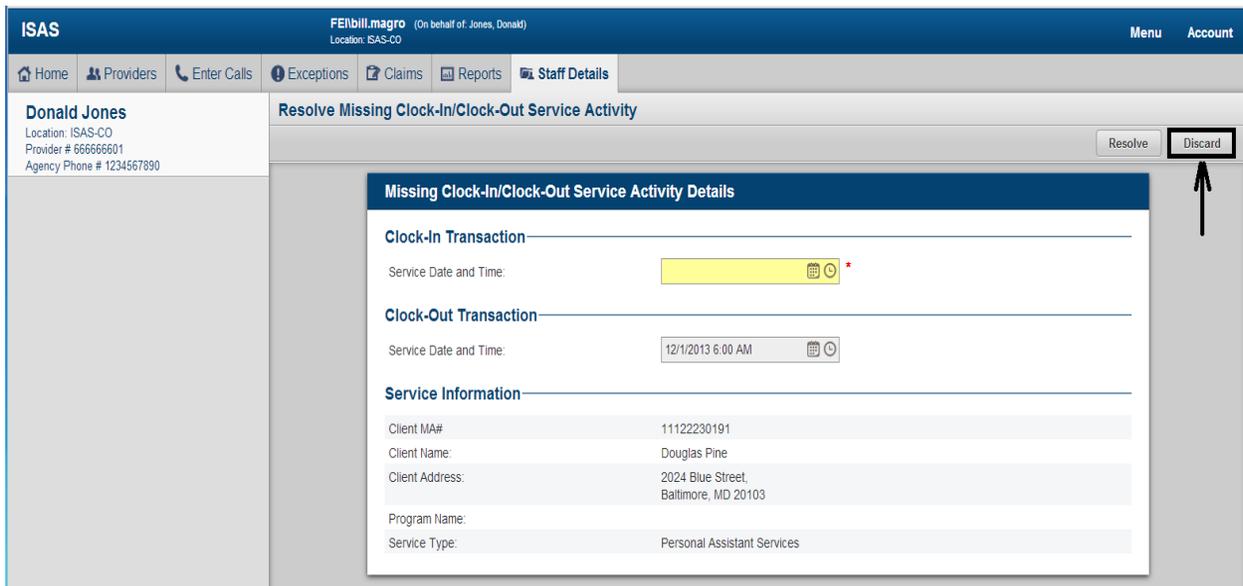
Error: There is unresolved transaction for the day(s) of this entry. Please use Exception tab to resolve them first.

If you receive the following message, you will need to go to the Exceptions tab, find the Missing time exception, and submit the corresponding missing time request (refer to [Section 6.5](#)). Submitting the time request via the Call Authorization tab will prompt the system to generate an overlap message, and will prevent the resolution of the missing time issue.

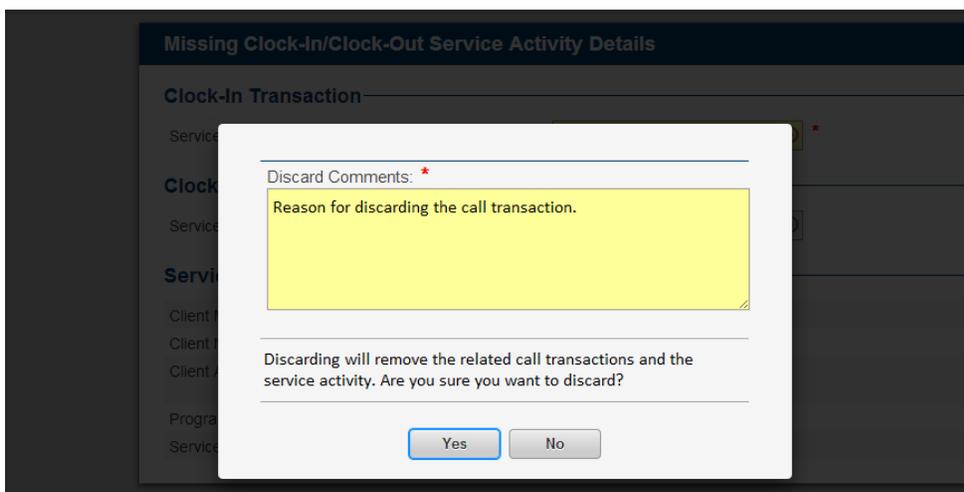
6.9. Discarding Missing Clock Ins or Outs

In a scenario where you, as an administrator, have determined that the partial service recorded by the system is wrong or a mistake (i.e., duplicate time submission), you may discard the service activity. In order to perform this action, you will need to complete the following:

1. From the **Exceptions** tab find the service that you want to discard and click the *Resolve* link. A new window with service details will appear.
2. From the service details screen, select the **Discard** button.



3. A pop-up box will load requesting a reason for discarding the service activity record. Provide a reason and select the **Yes** button.



4. Upon selecting the **Yes** button you will receive a message stating the record has been successfully discarded. This service activity will no longer appear in the system or reports.

6.10. Review Missing Time Requests Submitted to DHMH

In order to view a listing of any shifts that have been sent to DHMH for approval/rejection you need to:

1. Go to the **Exceptions** tab and perform a search for records with a *Status* of **Submitted to DHMH**. The search can be performed by entering the *Staff Name*, *Client Name*, or *Date of Service* (*Service Start and End Date*).
2. Upon entering the search parameters, a listing of any service that is under review by DHMH. In order to enter and submit the missing time information for a service click on the **View** link.

Provider Name	Staff Name	Client Name	Service Name	Service Date	Pending Reason(s)	Status	Actions
ISASDemo	Donald Jones	Douglas Pine	W5519 - Personal Assistance	12/01/2013		Needs Authorization	View

3. Upon selecting the **View** link the service activity information (*provider name and number, client name and number, staff name, and service start and end date and time*) will be displayed along with the reason for manual time entry.

Service Activity Information

Service Activity

Provider # 66666601

Provider Name:

Client ID/MA# 2769621ET014110

Client Name: Douglas Pine

Staff Name: Donald Jones

Service Name:

Service Date: 12/11/2013

Service Phone #: (000) 000-0000

Service Start Time: 12/11/2013 8:15 PM

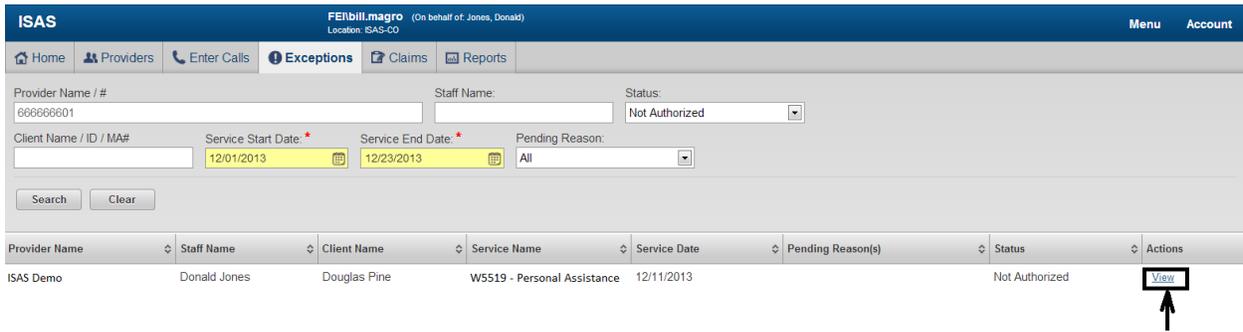
Service End Time: 12/11/2013 11:45 PM

Manual Submission Reason: Reason for manual time submission

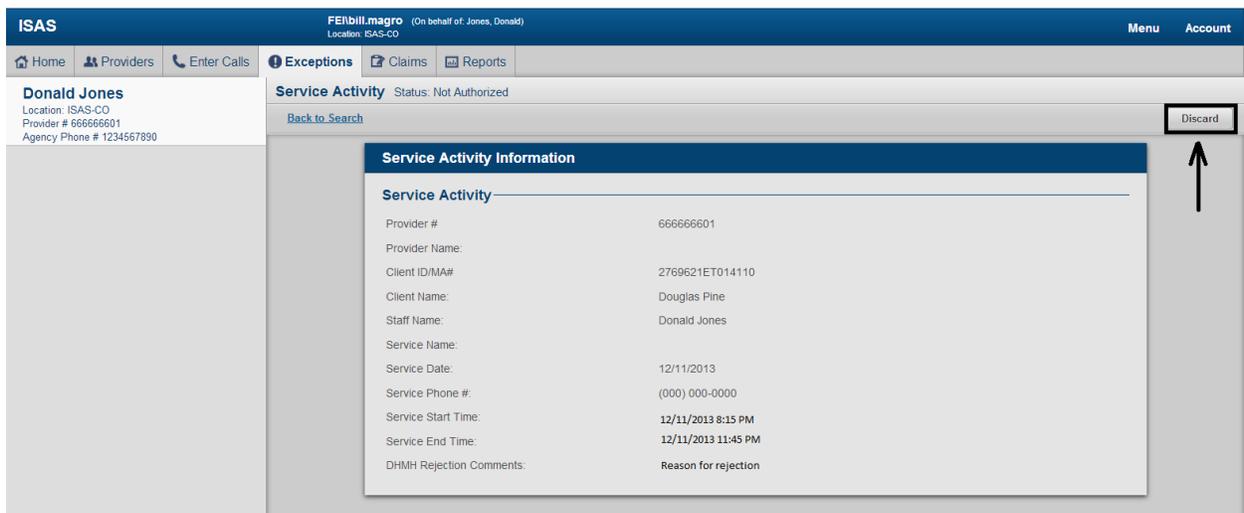
6.11. Review Missing Time Requests Rejected by DHMH

In order to view a listing of any service activities based on manual time entries that have been rejected by DHMH you need to:

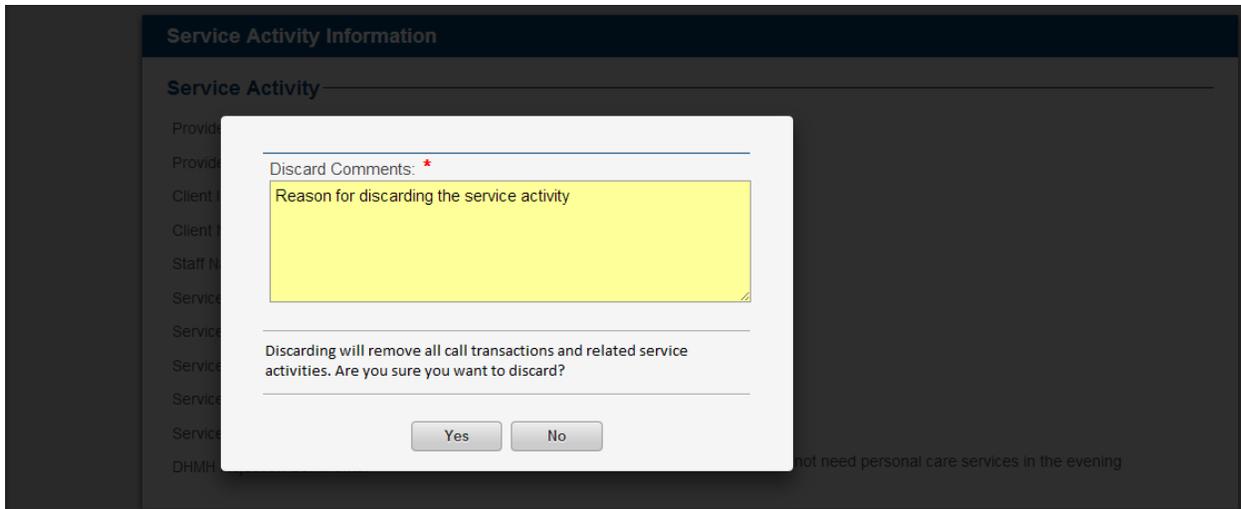
1. Go to the **Exceptions** tab and perform a search for records with a *Status* of **Not Authorized**. The search can be performed by entering the *Staff Name*, *Client Name*, or *Date of Service (Service Start and End Date)*.
2. Upon entering the search parameters, a listing of any service that has been rejected by DHMH will be displayed. In order to review the service activity that was rejected click on the **View** link.



3. Upon selecting the **View** link the service activity information (*provider name and number, client name and number, staff name, and service start and end date and time*) will be displayed along with the reason for rejection. You may keep this record or select the **Discard** button to remove the record.



4. A pop-up box will load requesting a reason for discarding the service activity record. Provide a reason and select the **Yes** button.



5. Upon selecting the **Yes** button you will receive a message stating the record has been successfully discarded. This service activity will no longer appear in the system.

6.12. Review Missing Time Requests Approved by DHMH

Unfortunately there is **not** currently a way to view approved missing time requests in the Exceptions tab, but you can view approved time in the Services Rendered Report. Please refer to [Section 9.1](#).

6.13. Missing Time Request LIMIT

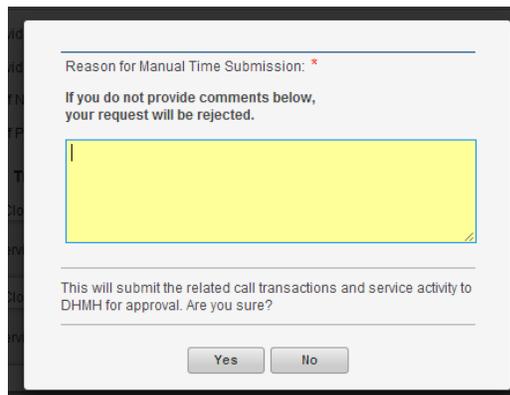
Effective **February 1, 2014** for agencies and effective **April 1, 2014** for independent providers, DHMH only approves **six** Missing Time Requests **per provider per month**, unless the Provider Administrator provides compelling evidence explaining why a provider was unable to clock in or clock out. This limit also applies to missing times submitted via the Help Desk (for independent providers; agency staff may not use the Help Desk). For agencies this refers to requests for dates of service on or after February 1, 2014. For independent providers this refers to requests for dates of service on or after April 1, 2014.

Examples of Compelling Evidence:

1. Verified ISAS IVR system outage (*Note: This reason will prompt DHMH to check our records to verify the provider activity.*)
2. OTP not delivered (*Note: This reason will prompt DHMH to send a Supports Planner to verify that OTP is missing and to deliver new device*)

When describing compelling evidence in the "Reason" box below, include:

- Steps taken to resolve issue; and if applicable,
- Names of individuals whom you have contacted to help you.



The screenshot shows a web form titled "Reason for Manual Time Submission: *". Below the title is a warning: "If you do not provide comments below, your request will be rejected." There is a large yellow rectangular text input area. Below the input area is a question: "This will submit the related call transactions and service activity to DHMH for approval. Are you sure?". At the bottom of the form are two buttons: "Yes" and "No".

A provider can only forget to clock in or clock out six times per month. Please note that forgetting an entire shift is considered two requests.

Entering Time for Missing Clock In = **1 Request**
Entering Time for Missing Clock Out = **1 Request**
Entering Time for Missing Clock In AND Missing Clock out (entire shift) = **2 Requests**

If the provider forgets more than six times DHMH will not approve the request and the claim will not be paid.

6.14. Missing Time Request Due Date

Effective **April 1, 2014** for agencies and effective **May 1, 2014** for independent providers, missing time requests are due two business days after the end of each month for any services performed during the previous month.

The schedule for the year appears in the table below for your convenience. Late submissions will be **rejected**.

Month Performed	Services	Date Missing Time Request Due (11:59 p.m. Eastern)
December, 2014		Monday, January 5, 2015
January, 2015		Tuesday, February 3, 2015
February, 2015		Tuesday, March 3, 2015
March, 2015		Thursday, April 2, 2015
April, 2015		Monday, May 4, 2014
May, 2015		Tuesday, June 2, 2015
June, 2015		Thursday, July 2, 2015
July, 2015		Tuesday, August 4, 2015
August, 2015		Wednesday, September 2, 2015
September, 2015		Friday, October 2, 2015
October, 2015		Tuesday, November 3, 2015
November, 2015		Wednesday, December 2, 2015
December, 2015		Tuesday, January 5, 2016

7. | Claim Adjustments

7.1. Submitting Claim Adjustments

As Provider Administrators, you are able to search for and view claims from the ISAS “Claims” tab. You will only be able to view claims for services you (or your agency staff providers) provided. The claim status in ISAS updates weekly on Wednesday mornings. Before a claim appears as either paid or rejected, it will appear under the “**submitted to MMIS**” claim status option. You will need to wait until the claim status is updated before submitting an adjustment.

Note: Both Agency administrators and Independent providers **should** submit adjustments via ISAS.

The screenshot shows the ISAS Claims tab search interface. The 'Status' dropdown menu is open, showing options: Submitted to MMIS (selected), Submitted to MMIS, Pending, Paid, and Rejected. The 'Claim Source' is set to 'ISAS Billing'. The 'Service Start Date' and 'Service End Date' are both set to 03/30/2015, and the 'Claim Type' is set to 'Original'. A search button is visible below the search criteria.

To view your claims from the “Claims” tab in ISAS, you need to:

1. Enter a date range by providing the Start Date and End Date
2. Select a Status (Submitted to MMIS, Paid, or Rejected)
3. Click the **Search** button

Required Information Needed for Adjustment Request Submissions

Effective Thursday, April 16, 2015, the In-Home Supports Assurance System (ISAS) will only review adjustments that are submitted with all the following information. Adjustments missing this information will not be reviewed. In order to comply with program policy (COMAR 10.09.36.06), when entering an adjustment, providers **must** include:

1. **Caregiver Name.** Include name of the caregiver who provided service to participant.
2. **Exact Date and Time.** Include the date of service and actual start and end time(s) of the shift(s).
3. **Decreasing/Increasing Units.** Indicate whether the adjustment increases or decreases units.
4. **Total units.** Include the total number of units (original claim units plus/minus adjustment units).
5. **Reason.** Clearly explain the reason for the adjustment request. Be as specific as possible. For your convenience, below are examples of what will and will not be reviewed. Example A will be reviewed. Example B will NOT be reviewed.

Example A

Clearly state reason for adjustment.

Comment *

1. Caregiver: Joe Wright
2. 5/15/2015 8:02 AM – 12:00 PM
3. Increasing units
4. 32 units
5. Provider forgot to clock in and out for his morning shift but remembered his afternoon shift.

OK Cancel

Example B

Clearly state reason for adjustment.

Comment *

Submitting an adjustment for split shift of 32 units for 5/15/2015 that was not paid.

OK Cancel

If DHMH is unable to verify the reason for submitting the adjustment, we may reject and request that the provider resubmit with more information.

Adjusting Paid Claims for Split Shifts

If you have received payment for a service date that does not include the total number of units worked, you will need to adjust the **Paid** claim. If you work split shifts on the same day for one participant and clocked in and out for one shift, but forgot the other shift, you will need to adjust the **Paid** claim. Do **NOT** submit a *Missing Time Request*.

You will need to provide the provider name and the clock in and clock out time of the missing shift in the "Comment" section.

DHMH will review the adjustment request according to the hours authorized by the approved and active plan for the date of service.

Example:

On 3/26/2014, Joe clocked in at 8:00 AM and clocked out at 11:00 AM (3 hour = 12 units). He then worked from 4:00 PM to 9:00 PM (5 hours = 20 units) but **forgot** to clock in and out. He received payment for only 3 hours of work. He will adjust the Paid claim by changing the units from 12 to 32 units, and will include a detailed description of his shift times.

Overview of Steps Needed to Adjust a Paid Claim

To view the details of a claim, you will need to:

- Click the **View** link under Action column.

The screenshot shows a search interface for claims. At the top, there are input fields for 'Provider Name / #', 'Batch ID #', and 'Client Name / ID / MA#'. Below these are filters for 'Service Start Date' (03/01/2015), 'Service End Date' (03/31/2015), 'Claim Type' (Original), 'Status' (Paid), and 'Claim Source' (ISAS Billing). A 'Search' button is located below the filters. Below the search area is a table with the following columns: Service Date, Provider #, Provider Name, Client Name, Batch ID, Claim Date, Total Billed, Total Paid, Claim Type, and Actions. The first row of data shows: 03/18/2015, [blank], [blank], [blank], [blank], [blank], 168.94, 168.92, Original, and a circled 'View Adjust' link.

1. To adjust a **Paid** claim, you will need to:

- Click the **Adjust** link for the claim you wish to review.

The screenshot shows the ISAS system interface. The header includes 'ISAS', 'FEI\vasu.krishnamohan (On behalf of: ABCAgency, Admin)', and 'Location: ABC Agency'. There are navigation tabs for 'Home', 'Providers', 'Claims', and 'Reports'. The search filters are: 'Provider Name / #' (800000100), 'Client Name / ID / MA#' ([blank]), 'Batch ID #' ([blank]), 'Start Date' (06/01/2013), 'End Date' (07/15/2013), 'Claim Type' (Original), and 'Status' (Rejected). There are 'Search' and 'Clear' buttons. Below the filters is a table with columns: Provider #, Client Name, Batch ID, Claim Date, Total Billed, Total Paid, Claim Type, Locked By, Lock Date, and Actions. The first row shows: 800000100, Test1 Client1, 219862352, 06/19/2013, 12.00, 0.00, Original, [blank], [blank], and a circled 'View Adjust' link. A red arrow points to the 'Adjust Claim' text above the table.

2. After clicking the “Adjust” link, change the units to the appropriate amount. The units should reflect the total daily units worked for services given to the participant.

Claim Information

Original Client Information

First Name:	Client Information will be displayed here.
Middle Name:	
Last Name:	
Suffix:	
Date of Birth:	
Client MA#	
Street Address:	
Street Address 2:	
City:	
State:	
Zip Code:	

Adjusted Client Information

→ *	<input type="text"/>
→	<input type="text"/>
→ *	<input type="text"/>
→	<input type="text"/>
→ *	<input type="text"/>
→ *	<input type="text"/>
→	<input type="text"/>
→ *	<input type="text"/>
→ *	<input type="text"/>
→ *	<input type="text"/>

Original Claim Line Information

Service Date:	03/18/2015
Program Type:	Community First Choice
Diagnosis Code:	V808
Procedure Code:	W5519
Number of Units Billed:	16
Billed Amount \$	65.93
Paid Amount \$	65.92
Payment Date:	03/25/2015
Claim Create Date:	3/19/2015 5:58:44 AM
Last Modified Date:	3/24/2015 4:51:39 PM

Adjusted Claim Line Information

→ *	<input type="text"/>
→	Community First Choice
→ *	<input type="text"/>
→ *	<input type="text"/>
→ *	<input type="text"/>
→	65.93

(Note: Total billed amount will be updated upon submit)

Change Units here to reflect the **total** daily units worked.

- Once you make your change, click the **Submit** button. A pop-up box will appear requiring you to explain the reason for the adjustment. You must include the:
 - Caregiver Name.** Include name of the caregiver who provided service to participant.
 - Exact Date and Time.** Include the date of service and actual start and end time(s) of the shift(s).
 - Decreasing/Increasing Units.** Indicate whether the adjustment increases or decreases units.
 - Total units.** Include the total number of units (original claim units plus/minus adjustment units).
 - Reason.** Clearly explain the reason for the adjustment request. Be as specific as possible by including the shift start/end times, and the staff name in your explanation.
- Once a claim has been submitted, it will be automatically sent to DHMH to review the claim. DHMH will review the adjustment request according to the hours authorized by the approved and active plan for the date of service.

Overview of Steps Needed to Adjust a Rejected Claim

If there is **no paid claim** for the date of service, you will need to adjust a rejected claim. You need to follow the steps listed below:

1. Submit a missing time request to DHMH and verify that it has been approved.
2. If the missing time request is approved, the claim will either be reduced or rejected. To adjust reduced claims, follow the procedures listed above for [Steps Needed to Adjust a Paid Claim](#).
3. To view and adjust your rejected claims from the "Claims" tab in ISAS, you need to:
 - a. Enter a date range by providing the Start Date and End Date
 - b. Select a Status, **Rejected**
 - c. Click the **Search** button
4. Click the **Adjust** link for the rejected claim for the service date. Rejected claims will be billed and paid at zero dollars. This indicates that the system reduced the entire claim for completely exceeding the POS.

The screenshot shows the ISAS Claims interface. At the top, there is a navigation bar with tabs for Home, Providers, Clients, OTP, Enter Calls, Exceptions, Authorize Calls, Claims, Alerts, and Reports. Below this is a search filter section with fields for Provider Name / #, Batch ID #, Client Name / ID / MA#, and Provider Type (set to All). There are also dropdown menus for Service Start Date (03/18/2015), Service End Date (03/18/2015), Claim Type (Original), Status (Rejected), and Claim Source (ISAS Billing). A Search button is located below these filters.

Below the search filters is a table of claims. The table has columns for Service Date, Provider #, Provider Name, Provider Type, Client Name, Batch ID, Claim Date, Total Billed, Total Paid, Claim Type, Locked By, Lock Date, and Actions. One claim is listed with Service Date 03/18/2015, Provider Type Independent, Claim Date 03/19/2015, Total Billed 0.00, and Total Paid 0.00. The Status is Original. The Actions column contains links for View and Adjust. The Adjust link is highlighted with a red box. A red arrow points from the Adjust link to a text box that says "Adjust Claim". Another red arrow points from the Adjust link to a text box that says "A \$0.00 billed/paid status indicates that a claim has been rejected."

After clicking the "Adjust" link, change the units to the appropriate amount.

Claim Information																									
<table border="0"> <tr> <td>Original Client Information</td> <td>Adjusted Client Information</td> </tr> <tr> <td>First Name:</td> <td>→ * [Redacted]</td> </tr> <tr> <td>Middle Name:</td> <td>→ [Redacted]</td> </tr> <tr> <td>Last Name:</td> <td>→ * [Redacted]</td> </tr> <tr> <td>Suffix:</td> <td>→ [Redacted]</td> </tr> <tr> <td>Date of Birth:</td> <td>→ * [Redacted]</td> </tr> <tr> <td>Client MA#</td> <td>→ * [Redacted]</td> </tr> <tr> <td>Street Address:</td> <td>→ * [Redacted]</td> </tr> <tr> <td>Street Address 2:</td> <td>→ [Redacted]</td> </tr> <tr> <td>City:</td> <td>→ * [Redacted]</td> </tr> <tr> <td>State:</td> <td>→ * [Redacted]</td> </tr> <tr> <td>Zip Code:</td> <td>→ * [Redacted]</td> </tr> </table>		Original Client Information	Adjusted Client Information	First Name:	→ * [Redacted]	Middle Name:	→ [Redacted]	Last Name:	→ * [Redacted]	Suffix:	→ [Redacted]	Date of Birth:	→ * [Redacted]	Client MA#	→ * [Redacted]	Street Address:	→ * [Redacted]	Street Address 2:	→ [Redacted]	City:	→ * [Redacted]	State:	→ * [Redacted]	Zip Code:	→ * [Redacted]
Original Client Information	Adjusted Client Information																								
First Name:	→ * [Redacted]																								
Middle Name:	→ [Redacted]																								
Last Name:	→ * [Redacted]																								
Suffix:	→ [Redacted]																								
Date of Birth:	→ * [Redacted]																								
Client MA#	→ * [Redacted]																								
Street Address:	→ * [Redacted]																								
Street Address 2:	→ [Redacted]																								
City:	→ * [Redacted]																								
State:	→ * [Redacted]																								
Zip Code:	→ * [Redacted]																								
<div style="border: 1px solid black; padding: 5px; text-align: center;"> Client Information will be displayed here. </div>																									
<table border="0"> <tr> <td>Original Claim Line Information</td> <td>Adjusted Claim Line Information</td> </tr> <tr> <td>Service Date: 01/17/2015</td> <td>→ * 01/17/2015</td> </tr> <tr> <td>Program Type: Community Options Waiver</td> <td>→ Community Options Waiver</td> </tr> <tr> <td>Diagnosis Code: V608</td> <td>→ * V608</td> </tr> <tr> <td>Procedure Code: W5519</td> <td>→ * W5519</td> </tr> <tr> <td>Number of Units Billed: 30</td> <td>→ * 30</td> </tr> <tr> <td>Billed Amount \$: 123.62</td> <td>→ 123.62</td> </tr> <tr> <td>Paid Amount \$: 0.00</td> <td>(Note: Total billed amount will be updated u</td> </tr> <tr> <td>Payment Date: N/A</td> <td></td> </tr> <tr> <td>Claim Create Date: 1/18/2015 5:35:49 AM</td> <td></td> </tr> <tr> <td>Last Modified Date: 1/27/2015 5:18:19 PM</td> <td></td> </tr> </table>		Original Claim Line Information	Adjusted Claim Line Information	Service Date: 01/17/2015	→ * 01/17/2015	Program Type: Community Options Waiver	→ Community Options Waiver	Diagnosis Code: V608	→ * V608	Procedure Code: W5519	→ * W5519	Number of Units Billed: 30	→ * 30	Billed Amount \$: 123.62	→ 123.62	Paid Amount \$: 0.00	(Note: Total billed amount will be updated u	Payment Date: N/A		Claim Create Date: 1/18/2015 5:35:49 AM		Last Modified Date: 1/27/2015 5:18:19 PM			
Original Claim Line Information	Adjusted Claim Line Information																								
Service Date: 01/17/2015	→ * 01/17/2015																								
Program Type: Community Options Waiver	→ Community Options Waiver																								
Diagnosis Code: V608	→ * V608																								
Procedure Code: W5519	→ * W5519																								
Number of Units Billed: 30	→ * 30																								
Billed Amount \$: 123.62	→ 123.62																								
Paid Amount \$: 0.00	(Note: Total billed amount will be updated u																								
Payment Date: N/A																									
Claim Create Date: 1/18/2015 5:35:49 AM																									
Last Modified Date: 1/27/2015 5:18:19 PM																									

Change Units here to reflect the **total** daily units worked.

Rejected claims will have a "Paid Amount" of 0.00

5. Be sure to include the staff names, shift start and end times, and details of the situation prior to submitting the adjustment to DHMH. DHMH will then review the adjustment request before approving the request.
6. You must include the following information in your adjustments request:
 - **Caregiver Name.** Include name of the caregiver who provided service to participant.
 - **Exact Date and Time.** Include the date of service and actual start and end time(s) of the shift(s).
 - **Decreasing/Increasing Units.** Indicate whether the adjustment increases or decreases units.
 - **Total units.** Include the total number of units (original claim units plus/minus adjustment units).
 - **Reason.** Clearly explain the reason for the adjustment request. Be as specific as possible the shift start and end times, as well as the staff name in your explanation

8. | Emergency Backup Care

Providers giving emergency care to participants still need to clock in and out using ISAS even if the hours worked exceed the plan of service hours. DHMH will only approve emergency backup adjustments once confirmation is received from the participant's SPA and there is proof that the caregiver provided services.

8.1. Adjusting Paid Claims Due to Authorized Emergency Backup Care

If you are an emergency backup provider and you work additional hours on a service date because a participant required emergency care, you will need to adjust the **Paid** claim.

You should submit an adjustment to a **paid** claim if:

1. You were providing back up service for another provider who could not work the regular shift, or if a participant needed a temporary increase in care, and
2. You received payment for the service date during which emergency care was needed.

Example Scenario of Submitting an Adjustment to a Paid Claim:

You are approved to give 20 hours of care per week. One day, the participant falls and the provider takes her to the ER. The caregiver stays with the participant until she is examined. Fortunately the participant is not hurt and was not admitted to the hospital. However, because of this incident, the caregiver worked 5 extra hours that week.

How the System will Respond: ISAS will only pay the 20 hours automatically. The 5 additional hours will be cut and not paid automatically.

What the Provider Should Do: You should contact the supports planner immediately to tell them that the participant fell and was taken to the ER. After your agency receives payment for the 20 regular hours, you should go online to ISAS and submit an adjustment to the paid claim for the date of service for the additional 5 hours. Before submitting the adjustment, you **must** include a description of the emergency and the total units worked.

Important: You must clock in and out for the additional 10 backup hours so that there is proof the caregiver provided services. If the caregivers do not clock in and out, DHMH will reject the adjustment.

8.2. Adjusting Rejected Claims Due to Authorized Emergency Backup Care

Providers should **only** submit adjustments to rejected claims if:

1. You were providing emergency backup care to a participant **and**
2. You already worked the maximum approved and authorized hours listed in the participant's plan of service **and**
3. You provider forgot to clock in and out

Example: Submitting an Adjustment to a Rejected Claim

You are approved to give 20 hours of care per week. You already worked the regular approved 20 hours of care. Unfortunately, you or your staff member forgot to clock in and out when giving the additional emergency backup care.

How the System will Respond: ISAS will only pay the 20 hours automatically. The additional hours will not be paid automatically.

What the Provider Should Do: You should contact the supports planner immediately to tell them about the emergency situation. Then, you should:

1. First, submit a missing time request for the additional hours worked. Refer to [Section 6](#) for instructions on submitting missing time requests.
2. If the missing time request is approved, the claim will either be reduced or rejected.
3. If the claim is rejected (the total "paid" amount is \$0.00), you will need to submit an adjustment on the **rejected** claim.

9. | Reports: Viewing Services and Claims in ISAS

9.1. Services Rendered Report

The Services Rendered Report shows the status of all services provided by you or your staff on a given day.

In order to view the report you need to:

1. Log into your ISAS account
2. Click on the “Reports” tab
3. Find the ISAS-Services Rendered Report and click on the “View” Link.

The screenshot shows the ISAS Services Rendered Report form. It includes the following fields and callouts:

- Service Date From (mm/dd/yyyy)***: 4/25/2014 12:00:00 AM (Callout ii)
- Service Date To (mm/dd/yyyy)***: 4/25/2014 12:00:00 AM (Callout ii)
- View Report** button (Callout v)
- Program Type***: MAPC, LAH, WOA, ICS (Legacy) (Callout iii)
- Service***: Unknown, W0200 - Personal (Callout iii)
- Provider Name**: (Empty text box)
- Provider Number***: (Empty text box)
- Staff Name**: (Empty text box)
- Client ID / MA #**: (Empty text box) (Callout i)
- Client Name**: (Empty text box)
- Report Data***: <Select a Value> (Callout iv)

4. Fill out the following information:
 - i. Enter client MA or staff name (not required, but helpful)
 - ii. Fill out the appropriate date range
 - iii. For Program Type, Service, and Provider Number select “All”
 - iv. For Report Data select one of the drop down options (DHMH recommends searching by “Service Activity Detail (Comments)”))
 - v. Click “View Report”

The various statuses that you may see associated with a service are as follows:

- **Ready** – This is a shift that did not trigger exceptions during the nightly eligibility check. The status will change to “closed” as long as there is not a “pending” shift associated with the shift.
- **Pending** – This is a shift that triggered an exception during the nightly eligibility check. The exception reason will be on the services rendered report and in the exceptions tab. The exception must be resolved before the claim can be submitted.
- **Closed** – This is a shift that did not generate an exception during the nightly eligibility check. The shift has been generated into a claim.
- **New** – The ISAS system has recorded part of a shift, but the service has not gone through the nightly eligibility checks because either the clock in or clock out time is missing. Provider administrators need to resolve these services by entering the missing time. Refer to [Section 6](#).

- **Needs Authorization** – This is a missing time request (s) that has been entered manually by the provider administrator and has been submitted to DHMH for approval/rejection.
- **Not Authorized** – This is a missing time request (s) that has been manually entered by the provider administrator and has been rejected by DHMH.

9.2. Claims Reports

As an agency administrator or independent provider, you have access to two Claims reports: (1) Remittance Advice Report, and (2) Claims Report.

Reports are accessible by:

1. Logging into ISAS/LTSS;
2. Selecting the “Reports tab”
3. Clicking the “View” link associated with the Claims reports.

Note: Claims information is updated with a Paid or Rejected status once weekly, typically every Wednesday.

Remittance Advice Report

This report helps providers view any **individual** payment including adjustments or original claims, based on date of service.

Independent providers are recommended to use this report regularly to determine gross pay for each date of service.

Claims Report

Once the Claims Report loads you will have access to three different views of this report:

1. **Staff Claim Summary** –only applicable to agencies
2. **Staff Claim Detail** – only applicable to agencies
3. **Claim Detail** – applicable to **both** agencies and independents

From Date (mm/dd/yyyy) 3/18/2014 12:00:00 AM To Date (mm/dd/yyyy) 3/26/2014 12:00:00 AM View Report

Program Type MAPC, LAH, WOA, ICS (Leg Service W5530 - Personal Assistanc

Provider Provider No All Locations

Staff Name NULL Client ID NULL

Client First Name NULL Client Last Name NULL

Claim Status Approved by DHMH, Disappr Report Output

Staff Claim Summary
Staff Claim Summary
Claim Detail
Staff Claim Detail

Claims Report – Staff Claim Summary View

This report allows agencies to see the total time and gross amount for services provided by each staff person, but does not break down the information by client.

ISAS - Claims Report

Staff Claim Summary

Total Number of Records Returned: 3669

Provider Name	Staff Name	Program	Service	# Services Provided	# Billable Units	Total Billed Amount	Total Paid Amount
		LAH	W4000 - Attendant Care (Agency Provider)	11	402	\$1719.5550	\$1415.8525
		LAH	W4000 - Attendant Care (Agency Provider)	14	224	\$958.1600	\$615.9600
		LAH	W4000 - Attendant Care (Agency Provider)	28	476	\$2036.0900	\$1758.0525

Claims Report – Staff Claim Detail View

This report allows agencies to see the total time and gross amount for services provided by each staff person, and includes a breakdown of information by client.

Staff Claim Detail

Total Number of Records Returned: 355

Claim Date	Claim Type	Service Date	Provider Name	Client Name	Program	Service	Total Billed Amount	Total Paid Amount	Staff Name	Staff Minutes Of Service	Staff Billable Units	Staff Billable Amount
4/4/2015	Original	04/02/2015			CO	W5519 - Personal Assistance Agency	\$197.7840	\$0.0000		543	38	\$148.3380
										182	12	\$49.4480

Claims Report – Claim Detail View

This report allows agencies to see individual daily claims information for services provided to each client, but does not include information by staff provider.

Claim Detail

Total Number of Records Returned: 129

Provider Name	Client Name	Program	Type	Service	Unit	Billed Amount	Service Date	Submit Date	Status	Adjustment Reason	Approved/Disapproved Reason	Pending Claim Resolution
Provider 3,	Client Name	CO	Original	W5519 - Personal Assistance Agency	50.00	\$201.0000	03/16/2014	03/17/2014	Paid			
Provider	Client Name	CO	Original	W5519 - Personal Assistance Agency	52.00	\$209.0400	03/17/2014	03/18/2014	Paid			

10. | Additional Information for Providers

10.1. Split Shifts

A provider often works more than one shift in one day for one individual participant. For example:

Jane clocks in and clocks out for 2 hours in the morning, returns to the same participant later in the evening, and clocks in and clocks out for 4 hours. ISAS adds both shifts into one (6-hour) claim.

Shifts that are added together to make one claim are no different from the former paper time sheet process where a provider would total all hours they served one participant in one day. The difference now is ISAS automatically totals the hours.

Shifts Ending After Midnight

Occasionally a provider will work past midnight. Providers who live where they work do this quite often. The new workweek cycle (effective Thursday, September 11th) will present a change in how midnight shifts are processed.

Ben clocks in at 8 PM on September 1st and clocks out at 1:00 AM on September 2nd. Ben's shift began on September 1st so the date of the service will be September 1st. The claim will be submitted on September 2nd because the shift ended after midnight.

Claims associated with shifts that end after midnight will be submitted for processing a day later rather than the same date of service.

How Shifts are Rounded

ISAS bills claims in 15-minute increments called units (4 units= 1 hour). For instance, a 3 hour shift would be 12 units.

A unit is a **minimum** of 8 minutes. ISAS rounds a provider's shift up or rounds it down. For example:

Scenario A: Jill clocks in and out for a total shift time of 5 hours and 10 minutes. ISAS calculates her shift to be 21 units. Below is the breakdown.

- 5 (hours) X 4 units (15-minute increments) = 20 units
- 10 minutes (exceeds the 8 minute unit minimum)= 1 unit
- Total shift: 5 hours and 10 minutes {21 units}

Scenario B: Jill clocks in and out for a total of 5 hours and 5 minutes. ISAS calculates her shift to be 20 units. Below is a breakdown.

- 5 (hours) X 4 units (15-minute increments) = 20 units
- 5 minutes (is less than the 8 minute unit minimum) = 0 units

11. | ISAS Resources and Contacts

When to Access Ltsstraining.org

Go to Ltsstraining.org for questions about registering for online access to ISAS, getting started in ISAS, watching webinars, and accessing the most recent ISAS Reference Guide

When to Contact the ISAS Help Desk

Call the ISAS Help Desk at 1-855-463-5877 or email ISASHelpDesk@feisystems.com

- Registering for ISAS and/or setting up a log-in account
- Call 1-888-963-4727 to set up a voiceprint
- Technical support issues with voice print, OTP devices, or system response on the call-in system or ISAS website
- **(Independent Providers ONLY)** Enter missing times for shifts worked

When to Contact PPL (Independent Providers ONLY)

Call 1-800-686-0734 or email pplmddhmf@pcgus.com.

- Questions regarding tax withholding, provider/participant enrollment forms, information listed on pay stub

When to Contact DHMH

ISAS TEAM

Call 410-767-1719 or email dhmf.isashelp@maryland.gov

- Exceptions marked as "DHMH ISAS Team" (refer to page 10 in ISAS Reference guide, which is available on the ISAS home page and Ltsstraining.org)
- For ISAS related policy and/or ISAS report inquiries
- Report issues with ISAS Help Desk customer services

Providers with access to email are strongly encouraged to contact DHMH ISAS staff via email instead of phone.

CO and CFC WAIVER UNIT

Call 410-767- 1739 or email dhmf.coproviders@maryland.gov

- Provider enrollment or the provider application process for the CO or CFC waiver programs
- Billing questions for: MAPC, Nurse Monitoring or Nursing Supervision
- **(Independent Providers ONLY)** All hours are properly recorded in ISAS and there are no exceptions preventing payment yet check received was inaccurate
- **(Independent Providers ONLY)** Report issues with PPL's customer services